

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

2008 OCT 31 AM 11:20

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee To Elect Lisa Heddens

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

**Candidate Name**

Lisa Heddens

**Political Party (if applicable)**

Democrat

**Office Sought**

State House of Representatives

**District (if Senate or House)**

46

**FORM**

**DR-2**

(Rev. 07/2007)

**DISCLOSURE  
REPORT**

**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

1339

10 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*Christopher L. Jousdale*

**SIGNATURE OF PERSON FILING REPORT**

(515) 663-9911

**TELEPHONE**

10/29/2008

**DATE SIGNED**

I AM FILING A October 31, 2008 Supplemental REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

3,202.16

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

10,459.60

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

13,661.76

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

11,014.34

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

2,647.42

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

36.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

800.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee To Elect Lisa Heddens

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/15/2008	ID# 6148 CK# 631	Iron Workers Local #67 PAC #6148 1501 E Aurora Ave Des Moines, IA 50313		\$ \$250.00	<input checked="" type="checkbox"/>
10/15/2008	ID# 6449 CK# 1459	Great Plains Laborers District Council Iowa PAC #6449 5806 Meredith Dr, Ste B Des Moines, IA 50311		\$500.00	<input checked="" type="checkbox"/>
10/15/2008	ID# 6019 CK# 647	CWA Local 7102 PAC #6019 3612 SW 9th St Des Moines, IA 50315		\$100.00	<input checked="" type="checkbox"/>
10/15/2008	ID# 6449 CK# 1500	Great Plains Laborers District Council Iowa PAC #6449 5806 Meredith Dr, Ste B Des Moines, IA 50311		\$500.00	<input checked="" type="checkbox"/>
10/16/2008	ID# 6118 CK# 2611	Iowa Optometric Association PAC #6118 1454 30th St, Ste 204 West Des Moines, IA 50266		\$250.00	<input checked="" type="checkbox"/>
10/16/2008	ID# 9659 CK# 1527	Federation of Iowa Insurers PAC #9659 P.O. Box 1756 Des Moines, IA 50306-1756		\$250.00	<input checked="" type="checkbox"/>
10/16/2008	ID# 6001 CK# 4570000203	Nationwide Mutual Insurance PAC #6001 1100 Locust Rd Des Moines, IA 50391		\$250.00	<input checked="" type="checkbox"/>
10/16/2008	ID# 9773 CK# 1014	SEIU Local 199 PAC#9773 415 Tenth Ave Coralville, IA 52241		\$1,000.00	<input checked="" type="checkbox"/>
10/16/2008	ID# CK#	Alan Ross 14 The Woods, NE Iowa City, IA 52240-7985		\$100.00	<input type="checkbox"/>
10/16/2008	ID# CK#	Patrick Allaire 58991 290th St Cambridge, IA 50046		\$250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 3,450.00

**TOTAL (if last page of this schedule)**

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee To Elect Lisa Heddens

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/16/2008	ID# 6484 CK# 1048	Iowa Society of Anesthesiologists Inc PAC #6484 525 SW 5th St, Ste A Des Moines, IA 50309-4501		\$250.00	<input checked="" type="checkbox"/>
10/17/2008	ID# CK#	Ann Nostwich 707 Hodge Ave Ames, IA 50010		\$25.00	<input type="checkbox"/>
10/20/2008	ID# 6021 CK# 2343	Credit Union Political Action Committee #6021 PO Box 10409 Des Moines, IA 50306		\$5,000.00	<input checked="" type="checkbox"/>
10/20/2008	ID# 6498 CK# 1873	WellPac PAC#6498 636 Grand Ave, Station 13 Des Moines, IA 50309		\$250.00	<input checked="" type="checkbox"/>
10/20/2008	ID# 6279 CK# 1010	Iowa Ophthalmology PAC #6279 12595 NW 72nd St Polk City, IA 50226-1227		\$750.00	<input checked="" type="checkbox"/>
10/23/2008	ID# 9697 CK# 1057	Munipac #9697 1735 NE 70th St Ankeny, IA 50021-9353		\$150.00	<input checked="" type="checkbox"/>
10/23/2008	ID# CK#	Robert Haug 3517 Oakland St Ames, IA 50014-3523		\$50.00	<input type="checkbox"/>
10/23/2008	ID# 9738 CK# 2050001820	Act Blue PAC#9738 P.O. Box 382110 Cambridge, MA 02238-2110		\$9.60	<input checked="" type="checkbox"/>
10/23/2008	ID# 6076 CK# 1612	Iowa Osteopathic PAC #6076 950 12th St Des Moines, IA 50309		\$500.00	<input checked="" type="checkbox"/>
10/24/2008	ID# CK#	James Strohman 2710 White Oak Circle Ames, IA 50010		\$25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 7,009.60

**TOTAL (if last page of this schedule)**

\$ 10,459.60

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee To Elect Lisa Heddens

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/16/08	ID# 1339 CK# 1245	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Contribution	\$ 5000.00
10/21/08	ID# 1339 CK# 1246	Carter Printing 1739 E Grand Ave Des Moines, IA 50316	Postcards with mail services	514.34
10/21/08	ID# 1339 CK# 1247	House Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Contribution	5500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 11,014.34
TOTAL (if last page of this schedule)				\$ 11,014.34

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Lisa Heddens

Reset Form

SCHEDULE

**E**

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/15/08	Jim Obradovich 2415 35th St Des Moines, IA 50310		drinks for fundraiser	\$ 20.00	<input checked="" type="checkbox"/>
10/15/08	House Truman Fund 5661 Fleur Dr Des Moines, IA 50321		Invites and postage for PAC event	16.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 36.00	
TOTAL (If last page of this schedule)				\$ 36.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

**RESET**

SCHEDULE

**F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAYED**☐ **CHECK THIS BOX IF  
AMENDING FORM****COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee To Elect Lisa Heddens

**NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 800.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

**TOTAL (PART I)** \$ \_\_\_\_\_**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

**TOTAL CASH REPAYMENTS (PART II)** \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 800.00

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